

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-367, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 436 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7895	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Thomas Taylor P.O. Box, Bldg., Room No., if any P.O. Box 2157 Street 6801 South US Highway 41 City Terre Haute State Indiana ZIP Code + 4 47802	4. Name, file number, and address of labor organization. Name UOUE Local 841 Labor Organization File Number 031-096 P.O. Box, Building and Room Number, if any P.O. Box 2157 Street 6801 South US Highway 41 City Terre Haute State Indiana ZIP Code + 4 47802
5. Position in labor organization. Union Trustee / BUSINESS REPRESENTATIVE	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

<p>A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.</p>	
<p>6. Name and address of Employer (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>7. a. Nature of Interest, Transaction, or Income.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>7. b. Amount.</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Thomas G. Taylor On 8-9-05 A12-354-4868
Date Telephone Number

Street: 6801 South US Highway 41
City: Terre Haute
State: Indiana ZIP Code + 4: 47802

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: IROB Local 881 Brotherhood
Trade Name, if any:
P.O. Box, Bldg., Room No., if any: P.O. Box 182
Street: 2034 W. 1000 E.
City: Universal
State: Indiana ZIP Code + 4: 47804

13.a. Name and address of Employer or Labor Relations Consultant
(including trade name, if any).

Name:
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street:
City:
State: ZIP Code + 4:

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

11.a. Nature of such dealing.

Representing Union Paidwork expenses for
attendance at International Association of Employees
Annual Plans in October, Florida in February 2004.

11.b. Approximate dollar value of such dealing.

\$259

12.a. Nature of interest held or income received.

Reimbursement of travel expenses

14.a. Nature of payment.

14.b. Amount of payment.

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name IUE Local 941

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 2157

Street 6801 South US Highway 41

City Terre Haute

State Indiana

ZIP Code + 4 47803

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name IUE Local 941 Apprenticeship

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 149

Street 2034 W. 18th St.

City Universal

State Indiana

ZIP Code + 4 47804

11.a. Nature of such dealing.

Reimbursement IUE Local 941 for Thomas Taylor's attendance at a Trust meeting held by the International Foundation of Employee Benefit Plans in Orlando, Florida in February 2004.

11.b. Approximate dollar value of such dealing.

\$2,452

12.a. Nature of interest held or income received.

Reimbursement of travel expenses

12.b. Amount.

\$2,452